SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 195 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Mike McMahon for Congress	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Perry Drucker Mailing Address 22 Hilltop Terrace  City Staten Island  FEC ID number of contributing federal political committee.  Name of Employer Physical Medicine and Rehab Ass. of SI Receipt For: 2008  X Primary General	State Zip Code NY 10304  C  Occupation Physician Election Cycle-to-Date  500,00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Edward S. Bosek Mailing Address 180 Maiden Lane  City New York  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼	State Zip Code NY 10038  C  Occupation  Election Cycle-to-Date   500.00	Date of Receipt    M   M   D   D   2 1   2 0 0 8
Full Name (Last, First, Middle Initial) Albert Efron Mailing Address 216 Four Corners Roa  City Staten Island  FEC ID number of contributing federal political committee.	State Zip Code NY 10304	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Retired Architect  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date  1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) .		2000.00